

P95000092343

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000015170 3)))



H120000151703ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DISSOLUTION OR WITHDRAWAL
NHPAHP AFFORDABLE HOUSING CORPORATION SFD 1

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

12 JAN 18 AM 8:23

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
12 JAN 18 PM 3:08
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

W/Notice
01-19-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NHPAHP Affordable Housing Corporation SFD 1

DOCUMENT NUMBER: P95000092343

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristen Wagner

(Name of Contact Person)

Ocwen Loan Servicing, LLC

(Firm/Company)

1661 Worthington Road, Suite 100

(Address)

West Palm Beach, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristen Wagner

(Name of Contact Person)

at (561) 682-7011

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

NHPAHP Affordable Housing Corporation SFD 1

SECOND: The document number of the corporation (if known): P95000092343

THIRD: The date dissolution was authorized: January 17, 2012

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Kristen N. Wagner

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

Filing Fee: \$35

FILED
12 JAN 18 PM 3:08
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: NHPAHP Affordable Housing Corporation SFD I

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name of Claimant _____

Subject: Claim against _____ /Amount of alleged claim _____

Detailed description of the nature of the claim; including date(s) and party(ies) _____

Copy of instrument/contract, if any _____

Contact information (mailing address, phone number, fax number and/or e-mail address) _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Ocwen Loan Servicing, LLC

Attention: Legal Department

1661 Worthington Road, Suite 100

West Palm Beach, FL 33409

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Kristen Wagner, Assistant Secretary

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00